

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
03-15

2. STATE  
Nevada

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
October 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ 00.00

b. FFY 2005 \$ 00.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 3.1-E, Pages 1 & 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Page 1 & 2

10. SUBJECT OF AMENDMENT: Coverage of Organ Transplant Services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Michael J. Willden

14. TITLE:

Director, DHR

15. DATE SUBMITTED:

DEC 15 2003

16. RETURN TO:

John Liveratti, Chief  
DHCFP/Medicaid  
1100 East William Street, Suite 102  
Carson City, Nevada 89701

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

December 15, 2003

18. DATE APPROVED:

22, 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Linda Minamoto

22. TITLE: Associate Regional Administrator  
Division of Medicaid & Children's Health

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE  
SOCIAL SECURITY ACT

State Nevada

STANDARDS FOR THE COVERAGE OF ORGAN  
TRANSPLANT SERVICES

- A. Transplants and associated fees to be reimbursed by Nevada Medicaid:
1. Corneal;
  2. Kidney;
  3. Liver; and,
  4. Bone marrow.
- B. The following transplants are not covered by Nevada Medicaid, and associated fees relating to the transplants are not to be reimbursed by Nevada Medicaid:
1. Heart;
  2. Heart/Lung;
  3. Heart/Liver;
  4. Pancreas; nor
  5. Post surgical care, which directly and unequivocally relates to the transplant will not be reimbursed. For example:
    - a. Hospital admission for transplant;
    - b. Physician fees for transplant;
    - c. All other ancillary charges included for acute care related to the original admission for transplant; or
    - d. Capture of live or cadaveric organ for any transplant.
- C. The Quality Improvement Organization-like vendor under contract with Nevada Medicaid will be responsible for transplant approval for program eligibles based on written Medicare criteria when appropriate, the following Medicaid criteria, and on medical judgement of recipient appropriateness.

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TN# 03-15  
Supersedes  
TN# 01-01

APR 29 2004  
Approval Date \_\_\_\_\_ Effective Date 10-01-03

STATE PLAN UNDER TITLE XIX OF THE  
SOCIAL SECURITY ACT

State Nevada

Attachment 3.1-E  
Page 2

Transplants will not be approved if they are not medically necessary and if:

1. The procedure is specified as experimental by the National Institutes of Health;
2. Another procedure costing less or which is less risky will achieve the same result;
3. The transplant will not make a difference in the recipient's health and performing the transplant will merely serve an academic purpose;
4. The transplant is relatively unsafe given the age and prognosis of the recipient; and,
5. The transplant does not meet appropriate Medicare criteria.

Determination of acceptability for transplants will not be made on the basis of race, color, sex, national origin, handicapping condition, or age except as given in the above criteria.

- D. In the absence of a familial or unrelated organ donor, organs must be procured from an Organ Procurement Organization meeting the requirements of 42 CFR 486. Organ donor search and match services will be approved for payment by Nevada Medicaid or its vendor(s) at negotiated rates.

If transplant services are not available in Nevada, out-of-state services may be approved, including transportation, evaluation, transplant, and follow-up services.

Payment for transportation will be prior authorized by Nevada Medicaid or its vendor(s) to and from an approved transplant facility for all covered medically necessary transplant services.

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TN# 03-15  
Supersedes  
TN# 01-01

Approval Date APR 29 2004 Effective Date 10-01-03